



Linda McCulloch, Superintendent
Montana Office of Public Instruction
PO Box 202501
Helena, Montana 59620-2501
www.opi.state.mt.us
ATTN: Educator Licensure

CLASS 4 VERIFICATION OF CAREER AND VOCATIONAL/TECHNICAL EDUCATION WORK EXPERIENCE

Complete this form only if applying for a Class 4 License. If not, please disregard. One of the requirements for issuing licenses to teach career and vocational/technical education is the verification of successful work experience in the field. If you are applying for computer information systems or health occupations, an industry standard certificate or current professional license may be submitted with this application.

(To be completed by Applicant)

I, _____,
Print and Sign Name

in making application for a license to teach _____,
Name of Course

authorize my former employer, _____,
Name of Employer Address of Employer

to furnish the Office of Public Instruction with the following information:

(To be completed by Employer)

1. The above-named person was employed by _____ from
Name of Employer

_____ to _____, a period of _____. This
Date Date No. of Months

was (full-time) (part-time) employment. (If part-time, please give total hours worked _____.)
(Circle One)

2. He/she was employed as a _____.
Name of Position

Briefly describe the duties of this position.

**Return to the attention of:
Educator Licensure
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501**

Employer _____

Address _____

Signed by _____
Name & Title Date